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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
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**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\***  
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Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /JENNIFER A BERRIOS/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY MONACO	SHEETS DRAWINGS 3	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 2
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 Vascular Stent

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